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IN THE
**UNITED STATES PATENT
AND TRADEMARK OFFICE**

Application Number	10/000,009
Filing Date	December 04, 2001
First Named Inventor	SAITO
Group Art Unit	1763
Examiner Name	Zervigon, Rudy
Attorney Docket Number	2922-161

Title: **LOW PRESSURE CVD APPARATUS AND METHOD OF MANUFACTURING
A THIN FILM**

AMENDMENT AND REQUEST FOR RECONSIDERATION

Assistant Commissioner for Patents
Washington, D.C. 20231

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7/21/03
m

Dear Sir:

In response to the Office Action dated March 27, 2003, please amend the above-identified U.S. patent application as follows:

IN THE CLAIMS:

Please amend claim 1 and add new claim 9 as shown on the following pages.

Marked-up copies of the original text of the amended claims are attached to this amendment. Material inserted is indicated by underlining (insertion) and material deleted is indicated by bracketing ([deletion]).



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
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Total Number of Pages in This Submission	Attorney Docket Number
2922-161	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Declaration under Rule 312	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
REMARKS:		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F.C. de Weerd, Reg. No. 51,613			
SIGNATURE		DATE	6/27/03	DEPOSIT ACCOUNT USER ID 02-2135